

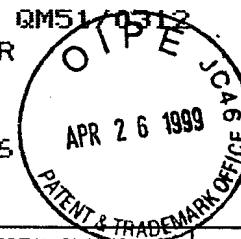
PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with payable fees, to: Box ISSUE FEE
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Lowell Anderson

(Depositor's name)

Lowell Anderson

(Signature)

April 20, 1999

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/975,803	11/21/97	026	NGUYEN, T	3751 03/12/99
First Named Applicant	MOON,	35 USC 154(b) term ext.	=	0 Days.

TITLE OF INVENTION HYGIENIC REMOVABLE TOILET ATTACHMENT FOR ENEMA DOUCHE OR COLONIC IRRIGATION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
3 EMOON001A	004-420.100	Q17	UTILITY	YES	\$605.00	06/14/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

*KNOBBE, MARTENS,
OLSON & BEAR, LLP*

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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(A) NAME OF ASSIGNEE

4b. The following fees or deficiency in these fees should be charged to:

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

4/20/99

04/27/1999 TLUU22 00000013 08975803

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01 FC:242
02 FC:561

605.00 OP
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APR 27 1999

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